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GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF MOTOR VEHICLES

DISTRICT OF COLUMBIA OUTSIGNATURE OF AUSTRAL SERVICES

SPECIAL USE TAG NO.

SPECIAL USE CERTIFICATE NAME OF OWNER (First Name) (Middle Name) (Last Name) RESIDENCE _____ (Street) (Section) (Number) (Zip Code) (Apt. No.) DRIVER LICENSE STATE & NO. MAKE YEAR MODEL BODY PURPOSE OF USE (BE SPECIFIC) NAME OF SIGNATURE OF ISSUING DEALER AUTHORIZED AGENT INSURANCE POLICY OR BINDER NO.

DATE ISSUED

EXPIRATION DATE

(See Note)

CONTROL NO.

CO. NAME

I/we certify the vehicle described above is insured as required under the Compulsory Motor Vehicle Insurance Act of 1982, and this coverage will remain in effect throughout the temporary registration period. Neither my driving nor my registration

privileges are suspended or revoked in the District of Columbia.

SIGNATURE OF OWNER

DATE

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.

Issued in accordance with Title 18, Section 506, Vehicle Title and Registration regulations. NOTE: Not more than 45 days excluding date of issuance.

DESTRO NOT STOMER'S

GOVERNMENT OF THE DISTRICT OF COLUMBIA * ***** * DEPARTMENT OF MOTOR VEHICLES SPECIAL USE CERTIFICATE NAME OF OWNER

BIN
DISTRICT OF COLUMBIA DEPARTMENT OF ACTOR STINCES

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call the DC Inspector General at 1-800-521-1639.

SPECIAL USE TAG NO.

NAME OF	OWNER					1	
		(Last Name)		me)	(Middle Name)		DATE ISSUED
RESIDENCE						.	
	(Number)	(Street)	(Section)	(Zip Code)	(Apt. No.)		
DRIVER LICE	ENSE STATE & NO					EX	(See Note)
MAKE	YEA	\R	MODEL	BODY			
VIN:						(CONTROL NO.
PURPOSE O	F USE (BE SPECIFIC	*)					
NAME OF ISSUING DEAL	ER			SIGNATURE OF AUTHORIZED AGEN	NT		
INSURANCE CO. NAME				POLICY OR BINDER NO			
	he vehicle described mpulsory Motor Vehi						
and this cover	rage will remain in et	ffect throughou	t the temporary		SIGNATURE OF C	WNER	DATE

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I/we certify the vehicle described above is insured as required under the Compulsory Motor Vehicle Insurance Act of 1982, and this coverage will remain in effect throughout the temporary

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privileges are suspended or revoked in the District of Columbia.

VEHICL DEPARTME

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MOTOR VEHICLES

SPECIAL USE TAG NO.

NAME OF C)WNFR	SPECIA	DEPARTMENT OF MOTOR HENCE/S			
TVAIVIL OF C		Name)	(First Name)		(Middle Name)	
RESIDENCE	(Number)	(Street)	(Section)	(Zip Code)	(Apt. No.)	
DRIVER LICE	NSE STATE & N	, ,				
MAKE	Y	EAR	MODEL	BODY		
VIN						
PLIRPOSE OF	FLISE (RESPECI	=(C)				

DATE ISSUED

EXPIRATION DATE

(See Note)

CONTROL NO.

NAME OF ISSUING DEALER INSURANCE CO. NAME

I/we certify the vehicle described above is insured as required under the Compulsory Motor Vehicle Insurance Act of 1982, and this coverage will remain in effect throughout the temporary registration period. Neither my driving nor my registration privileges are suspended or revoked in the District of Columbia. SIGNATURE OF AUTHORIZED AGENT POLICY OR BINDER NO.

SIGNATURE OF OWNER

DATE

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DMV-DS-004 (Rev. 06/05)

***	COVERNMEN	T OF THE DISTRIC	CT OF COLUMBIA		
	DEPAR	TMENT OF MOTOR	VEHICLES	DISTRICT OF COLUMBIA DEMARKABLE OF MOTION VENICLES	SPECIAL USE TAG NO.
					DATE ISSUED
					EXPIRATION DATE (See Note)
MAKE	YEAR	MODEL	BODY		
VIN					CONTROL NO.
NAME OF ISSUING DEALER			SIGNATURE OF AUTHORIZED AGENT		
INSURANCE CO. NAME			POLICY OR BINDER NO.		

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.

CONDITIONS

This Special Use Certificate and the assigned Special Use Tags are valid for a period not to exceed forty-five (45) days from the date of issuance shown hereon.

This Special Use Certificate and the assigned Special Use Tags do not constitute a registration of the vehicle.

The Special Use Tags are valid for the purpose of obtaining legal registration of the vehicle, but in no case are the tags valid for more than forty-five (45) days from the date of issuance.